

PROCEDURE REFERENCE : FmHA Instruction 1902-A.

PURPOSE : To notify National Office and State Offices that the financial institution is agreeable to pledging collateral for the supervised bank account.

UNITED STATES DEPARTMENT OF AGRICULTURE
FARMERS HOME ADMINISTRATION
(Location, include FTS or Commercial Telephone No.)

Date _____

ATTN: Budget Staff
Revolving Fund Analysis Branch
Washington, DC 20250-0700

1. Name of Borrower and/or Grantee: _____
2. Proposed Amount of Funds: Loan \$ _____ Grant \$ _____
3. Name and Mailing Address of Financial Institution:

Location of Branch (if any) _____
4. Amount of other FmHA funds to be deposited in addition to amount indicated in Item 2: \$ _____.
5. Largest amount of FmHA funds to be on deposit at any one time \$ _____. (The \$100,000 coverage on funds should be included in this amount.)
6. Supervised bank account to be opened on: _____
7. Name of other account(s) for which financial institution has pledged collateral, indicating amount of funds on deposit, if any, for each account. Also, any future deposits above the \$100,000 coverage on funds.

/s/ County Supervisor or District Director

cc: State Office
If prepared by County, copy to District Office.